

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCALE NO.

FILING DATE

10/59/302

APPLICATION

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1							51			
2										51			
3										53			
4										54			
5										55			
6										56			
7										57			
8										58			
9										59			
10										60			
11										61			
12										62			
13			1							63			
14										64			
15										65			
16										66			
17										67			
18										68			
19										69			
20										70			
21										71			
22										72			
23										73			
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27										77			
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36										86			
37										87			
38										88			
39										89			
40										90			
41										91			
42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.			2		2					TOTAL IND.			
TOTAL DEP.			20		20					TOTAL DEP.			
TOTAL CLAIMS			82		82					TOTAL CLAIMS			